2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # N93000002315

1. Entity Name
LAKELAND LAW ENFORCEMENT CHAPLAINCY CORPS, INC.

Principal Place of Business	Mailing Address
219 N MASSACHUSETTS AVE LAKELAND, FL 33801 US	219 N MASSACHUSETTS AVE LAKELAND, FL 33801 US

03242008 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-3232578
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DORMER, CHARLES
219 N. MASSACHUSETTS AVENUE
LAKELAND, FL 33801

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000873685
04/10/08-80089-012 61.25 ~~$66.00~~

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	HARVEY, DANIEL
STREET ADDRESS	4818 LEISUREWOOD LANE
CITY-ST-ZIP	LAKELAND, FL 33811
TITLE	D
NAME	STARLING, CAROL ANN M
STREET ADDRESS	6121 CHRISTINA DR W
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	TD
NAME	DORMER, CHARLES
STREET ADDRESS	219 N MASSACHUSETTS AVE
CITY-ST-ZIP	LAKELAND, FL
TITLE	PD
NAME	SIEGEL, ROBERT G
STREET ADDRESS	8805 TOM COSTRINE ROAD
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	D
NAME	KERSEY, MARILYN
STREET ADDRESS	615 PALMORE COURT
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Charles Dormer 3/24/08 (863) 834-6909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Charles Dormer